

Mail completed form to: UI Contributions Bureau PO Box 6339 Helena MT 59604-6339 Or fax to: (406) 444-0629	<h2 style="margin: 0;">MONTANA UNEMPLOYMENT INSURANCE EMPLOYER REGISTRATION</h2>	AGENCY USE ONLY					
Fill in all spaces as they apply to your business. Instructions are listed on the back of this sheet.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Employer Number</td> <td style="width: 50%;">Industry Code</td> </tr> <tr> <td>Subject Date</td> <td>Date Input</td> </tr> </table>		Employer Number	Industry Code	Subject Date	Date Input
		Employer Number	Industry Code				
Subject Date	Date Input						
Questions? Call (406) 444-3834 Toll-free 1-800-550-1513		Remarks					

1. Business or Trade Name:		4. Type of Organization <input type="checkbox"/> a. Individual Ownership <input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Limited Liability Partnership <input type="checkbox"/> d. Limited Liability Company <input type="checkbox"/> e. Corporation <input type="checkbox"/> f. Sub-Chapter S <input type="checkbox"/> g. Governmental <input type="checkbox"/> h. Non-profit <input type="checkbox"/> i. Other_____ 	
2. Owner or Corporation Name:			
3. Mailing Address:	Phone Number		
City	State		Zip Code
Montana Business Location (Street Address)		Phone Number	5. Federal Identification Number (FEIN):
City	County	State	
6. Date Incorporated			7. Is this <input type="checkbox"/> seasonal or <input type="checkbox"/> pension/trust? (Mark a box if it applies to your business)

8. IDENTIFICATION OF OWNER(S), CORPORATE OFFICERS, PARTNERS, ETC. (IF MORE THAN 3, PLEASE ATTACH A LIST)			
Social Security Number	Name (Given Name Must be Shown in Full)	Title	Address (Home)

9. Name of Person Who Prepares Records and Reports	Address	Telephone No.
10. Name of Accountant	Address	Telephone No.

11. DESCRIPTION OF BUSINESS TYPE AND ACTIVITY IN MONTANA: This section MUST BE COMPLETED in detail to accurately determine your business activity for proper assignment of contribution rates. Be specific and CHECK ALL THAT APPLY. Generalities could result in assignment of a higher contribution rate.			
<input type="checkbox"/> Agriculture, Forestry, Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Services <input type="checkbox"/> Transportation, Communication & Public Utilities <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Manufacturing			
Primary Activity	Specific Product or Service	% of Gross Income	# Employees

12. Does this establishment have employment at more than one physical location in Montana? (Exclude construction and contract work if less than six months in duration.) Yes <input type="checkbox"/> No <input type="checkbox"/>
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13. Does any worksite of this establishment primarily perform management or support services for other divisions of the company? <input type="checkbox"/> Yes <input type="checkbox"/> No

14. Date Employment Began	15. Will your total payroll for the current <input type="checkbox"/> Yes <input type="checkbox"/> No Year and date payroll first equaled or exceeded \$1,000 _____
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16. Supply the following information concerning wages paid by the current owner in Montana during the current and/or preceding year(s):						
YEARS:	To Date in 2004	2003	2002	2001	2000	1999
Wages You Paid Each Year:						

17. Are you required to pay Federal Unemployment Tax (FUTA)? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETE QUESTIONS 18-23 ONLY IF YOU HAVE CHANGED YOUR BUSINESS ENTITY (SUCH AS PROPRIETORSHIP TO CORPORATION), OR HAVE ACQUIRED A MONTANA BUSINESS OPERATION

18. Date Changed/Acquired: _____	19. How Acquired: <input type="checkbox"/> Entity Change <input type="checkbox"/> Lease <input type="checkbox"/> Other, Specify: _____ <input type="checkbox"/> Purchased All <input type="checkbox"/> Purchased a Portion – What did you purchase? _____
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20. Name of Former Owner(s) _____	21. Name & Address of Former Business: _____
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22. Former UI Account Number _____	23. Former FEIN _____
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Signature (Owner, all Partners or one Corporate Officer)	Title	Date
Signature	Title	Date